DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

OMB Approval No: 2130-0500

1. Name of Reporting Railroad: **Southern Pacific Transportation Co. [SP]**	1a. Alphabetic Code: **SP**	1b. Railroad Accident/Incident No.: **S4658**
2. Name of other Railroad Involved in Train Accident/Incident	2a. Alphabetic Code	2b. Railroad Accident/Incident No.
3. Name of Railroad Responsible for Track Maintenance *(single entry)*: **Southern Pacific Transportation Co. [SP]**	3a. Alphabetic Code: **SP**	3b. Railroad Accident/Incident No.: **S4658**
4. U. S. DOT Grade Crossing Identification Number: **758003S**	5. Date of Accident/Incident: month **1 2** day **1 5** year **1978**	6. Time of Accident/Incident: **6:40** AM [x] PM [ ]

7. Type of Accident/ Incident *(single entry in code box)*	1. Derailment 2. Head on collision 3. Rear end collision	4. Side collision 5. Raking collision 6. Broken train collision	7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction	10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts	13. Other *(describe in narrative)* Code: **07**

8. Cars Carrying HAZMAT	9. HAZMAT Cars Damaged/ Derailed	10. Cars Releasing HAZMAT	11. People Evacuated	12. Division
6	**N/A**	**N/A**	**400**	**LAFAYETTE**

13. Nearest City/ Town	14. Milepost *(to nearest tenth)*	15. State Abbr.	Code	16. County
BOUTTE	**24.7**	**LA**	**22**	**ST CHARLES**

17. Temperature (F) *(specify if minus)*	18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark	Code	19. Weather *(single entry)* 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow	Code	20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry	Code
55 °F		**1**		**2**		**1**

21. Track Name/ Number	22. FRA Track Class (1-9, X)	Code	23. Annual Track Density *(gross tons in millions)*	24. Time Table Direction 1. North 3.East 2. South 4. West	Code
MAAN		**4**	**24.00**		**3**

25. Type of Equipment Consist *(single entry)* 1. Freight train 4. Work train 7. Yard/switching A. Spec. MoW Equip. 2. Passenger train 5. Single car 8. Light loco(s). 3. Commuter train 6. Cut of cars 9. Maint./inspect. car	Code	26. Was Equipment Attended? 1. Yes 2. No	Code	27. Train Number/Symbol
	1		**Y**	**02LF**

28. Speed *(recorded speed if available)* R - Recorded E - Estimated **024** MPH	Code: **E**	30. Method(s) of Operation *(enter codes that apply)* a. ATCS g. Automatic block b. Auto train control h. Current of traffic c. Auto train stop i. Time table/train orders d. Cab signals j. Track warrant control e. Traffic control k. Direct traffic control f. Interlocking l. Yard limits	m. Special instructions n. Other than main track rules p. Positive train control o. Other *(specify in narrative)* Code(s): **G I M**	30a. Remotely Controlled Locomotive? 0 = Not a remotely controlled operation 1 = Remote control portable transmitter 2 = Remote control tower operation 3 = Remote control portable transmitter - more than one remote control transmitter Code
29. Trailing Tons (gross tonnage, excluding power units): **4,450**				

31. Principal Car/Unit	a. Initial and Number	b. Position in Train	c. Loaded *(yes/no)*	32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol / Drugs
(1) First involved *(derailed, struck, etc)*	**SP003423**	**001**	**N**	
(2) Causing *(if mechanical, cause reported)*				33.Was this consist transporting passengers ? *(y/n)*: **No**

34. Locomotive Units	a. Head End	Mid Train b. Manual	Mid Train c. Remote	Rear End d. Manual	Rear End e. Remote	35. Cars	Loaded a. Freight	Loaded b. Pass.	Empty c. Freight	Empty d. Pass.	e. Caboose
(1) Total in Train	**3**	**0**	**0**	**0**	**0**	(1) Total in Equipment Consist	**39**	**0**	**9**	**0**	**1**
(2) Total Derailed	**0**	**0**	**0**	**0**	**0**	(2) Total Derailed	**0**	**0**	**0**	**0**	**0**

36. Equipment Damage This Consist	37. Track, Signal, Way, & Structure Damage	38. Primary Cause Code	39. Contributing Cause Code
$ **95,000**	$ **10,000**	**M399**	

Number of Crew Members				Length of Time on Duty	
40. Engineers/ Operators	41. Firemen	42. Conductors	43. Brakemen	44. Engineer/Operator	45. Conductor
1		**1**		Hrs: **08** Mins: **40**	Hrs: **08** Mins: **40**

Casualties to:	46. Railroad Employees	47. Train Passengers	48. Others	49. Special Study Block
Fatal	**0**	**0**	**3**	
Nonfatal	**4**	**0**	**0**	

50. Latitude (optional)	51. Longitude (optional)

52. Narrative Description *(Be specific, and continue on separate sheet if necessary)*

53. Typed/Printed Name & Title of Preparer	54. Signature	55. Date

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports status and, as such shall not " be admitted as evidence

See 49 C.F.R. 225.7 (b).

FORM FRA F 6180.54